Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name			Date Stamp	California OOO	
City of Fresno				Form 8UZ	
Division, Department, or Region (if applicable)				For Official Use Only	
Facilities & Major Projects Division					
Street Address			18		
2101 G Street, Bldg. A, Fresno, CA 93706					
Area Code/Phone Number E-mail			☐ Amendment (Must expl	lain in Part 5)	
			Americanient (wastessplain in Part 3.)		
Agency Contact (name and title)		Date of Original Filing:			
Melodee Schwamb, Management Analyst III				(month, day, your)	
2. Event For Which Tickets Were Distribut	ted				
Date(s) of Event: 6 / 27 / 10 Description of Event: Fresno Grizzlies Baseball Skybox Tickets					
/ Face Value of Ticket: \$ 376.00					
Name of Outside Source of Ticket(s) Provided to Agency: Fresno Baseball, LLC					
Number of Tickets Received:12					
3. Agency Official(s) Receiving Ticket(s) (u	use a continuation	on sheet for addit	ional names)		
Name of Official Number S (Last, First) of Tickets			tate Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution		
Borgeas, Andreas 12 To distribute		according to section 18944.1			
			,		
4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)					
Name of Behesting Agency Official: Councilme	ember Andreas	s Borgeas, Dist	rict 2		
Name of Individual or Organization: Central Youth Softball League Number of Tickets: 12					
Description of Organization: Recreational softball for youth ages 5-16					
Description of Organization.	•				
Address of Organization: 5407 W. Fedora, Fresno, CA 93722					
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)					
Promotion of fundraising activities by non-profit organizations to support programs benefiting City residents.					
5. Verification					
I have determined that the distribution of tickets set	forth above is in	accordance with	the provisions of FPPC R	Regulation 18944.1.	
Melodee Schwamb		Manag	gement Analyst III	4/15/2010	
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)	
Comment: (Use this space or an attachment for any ad	ditional informatio	n including amendr	ment explanation.)		